

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
David A. B. Marshall
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 515966

(0)

95 JUN 12 PM 4:30

1. Corporation Name

L. PECK CAWTHON, INSURANCE, INC.

Principal Place of Business

Mailing Address

11 N 8TH ST
P. O. BOX 628
DEFUNIAK SPRING FL 32433

11 N 8TH ST
P. O. BOX 628
DEFUNIAK SPRING FL 32433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/06/1976

06/07/1994

4. FEI Number

Applied For

59-1779601

Not Applicable

5. Certificate of Status Desired

☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS PECK CAWTHON, JR.
RT 1 BOX 112
PONCE DE LEON 32455

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

LEWIS PECK CAWTHON JR.

STREET ADDRESS

RT 1 BOX 112

CITY - ST - ZIP

PONCE DE LEON FL

1. TITLE

☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

TITLE

V

NAME

CAWTHON, MARY SUE

STREET ADDRESS

RT 6 BOX 680

CITY - ST - ZIP

DEFUNIAK SPRINGS FL

2. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

TITLE

S

NAME

DINA B CAWTHON

STREET ADDRESS

RT 1 BOX 112

CITY - ST - ZIP

PONCE DE LEON FL

3. TITLE

☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4. TITLE

☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5. TITLE

☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6. TITLE

☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Peck Cawthon Jr.

1-17-95 904-892-3184